

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of: Georgia  
(State)

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

| About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case):   |  |
|---|--|---|--|
| <b>1. Your full name</b><br>Write the name that is on your government-issued picture identification (for example, your driver's license or passport)<br><br>Bring your picture identification to your meeting with the trustee. | <u>Cleveland</u><br>First name<br><br><u>Ward</u><br>Middle name<br><br><u>Jr</u><br>Last name<br><br><u>Suffix (Sr., Jr., II, III)</u>                                | <u>Diane</u><br>First name<br><br><u>Hill</u><br>Middle name<br><br><u>Ward</u><br>Last name<br><br><u>Suffix (Sr., Jr., II, III)</u> |  |
| <b>2. All other names you have used in the last 8 years</b><br>Include your married or maiden names.  | <br>First name<br><br>Middle name<br><br>Last name<br><br><br>First name<br><br>Middle name<br><br>Last name<br><br><br>First name<br><br>Middle name<br><br>Last name | <br>First name<br><br>Middle name<br><br>Last name<br><br><br>First name<br><br>Middle name<br><br>Last name                          |  |
| <b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>   | <u>XXX - XX- 5794</u><br>OR<br><u>9 xx - xx-</u>   | <u>XXX - XX- 4867</u><br>OR<br><u>9 xx - xx-</u>  |  |

Debtor 1 Cleveland  
First Name

Middle Name Ward Last Name

Case number (if known)

#### About Debtor 1:

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

|   |
|---|
| <input checked="" type="checkbox"/> I have not used any business names or EINs. |
| Business name   |
| Business name   |
| EIN   |
| EIN   |

**5. Where you live**

3010 Albatross Ln.  
Number Street

Decatur Georgia 30034  
City State Zip Code

De Kalb  
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

City State Zip Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

#### About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

If Debtor 2 lives at a different address:

3010 Albatross Ln.  
Number Street

Decatur Georgia 30034  
City State Zip Code

De Kalb  
County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

City State Zip Code

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Cleveland  
First Name

Middle Name Ward  
Last Name

Case number (if known)

## Part 2: Tell the Court About Your Bankruptcy Case

|  |   |
|--|---|
| <b>7. The chapter of the Bankruptcy Code you are choosing to file under</b>  | <p><i>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.</i></p> <p><input checked="" type="checkbox"/> Chapter 7<br/> <input type="checkbox"/> Chapter 11<br/> <input type="checkbox"/> Chapter 12<br/> <input type="checkbox"/> Chapter 13</p>  |
| <b>8. How you will pay the fee</b>   | <p><input checked="" type="checkbox"/> <b>I will pay the entire fee when I file my petition.</b> Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</p> <p><input type="checkbox"/> <b>I need to pay the fee in installments.</b> If you choose this option, sign and attach the <i>Application for Individuals to Pay Your Filing Fee in Installments</i> (Official Form 103A).</p> <p><input type="checkbox"/> <b>I request that my fee be waived</b> (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</p> |
| <b>9. Have you filed for bankruptcy within the last 8 years?</b>   | <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____<br/>           District _____ When _____ Case number _____<br/>           District _____ When _____ Case number _____<br/>           MM / DD / YYYY<br/>           MM / DD / YYYY<br/>           MM / DD / YYYY</p>   |
| <b>10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?</b> | <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship to you _____<br/>           District _____ When _____ Case number, if known _____<br/>           Debtor _____ Relationship to you _____<br/>           District _____ When _____ Case number, if known _____<br/>           MM / DD / YYYY<br/>           MM / DD / YYYY</p>  |
| <b>11. Do you rent your residence?</b>   | <p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</p> <p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</p>  |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City State Zip Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.  
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State Zip Code

Debtor 1 Cleveland  
First Name

Middle Name Ward  
Last Name

Case number (if known)

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Cleveland  
First Name

Ward  
Middle Name  
Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No.  
 Yes.

**18. How many creditors do you estimate that you owe?**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X**

/s/ Cleveland Ward

Signature of Debtor 1

**X**

/s/ Diane Ward

Signature of Debtor 2

Executed on 11/10/2016  
MM / DD / YYYY

Executed on 11/10/2016  
MM / DD / YYYY

Debtor 1 Cleveland  
First Name

Ward  
Middle Name  
Last Name

Case number (if known)

**For your attorney, if  
you are represented  
by one**

**If you are not  
represented by an  
attorney, you do not  
need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael Allain  
Signature of Attorney for Debtor

Date

11/10/2016  
MM / DD / YYYY

Michael Allain

Printed name

Semrad Law Firm

Firm name

303 Perimeter Center North

Street

Suite 201

Atlanta

Georgia

30346

City

State

Zip Code

Contact phone

4043818634

Email address

mallain@semradlaw.com

698790

Georgia

Bar number

State

Fill in this information to identify your case:

|   |            |                                |
|---|------------|--------------------------------|
| Debtor 1                                | Cleveland  | Ward                           |
|   | First Name | Middle Name                    |
| Debtor 2                                | Diane      | Ward                           |
| (Spouse, if filing)                     | First Name | Middle Name                    |
| United States Bankruptcy Court for the: | Northern   | District of Georgia<br>(State) |
| Case number<br>(if known)               |            |                                |

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1:                     | Dates Debtor 1 lived there | Debtor 2:                                 | Dates Debtor 2 lived there                |
|-------------------------------|----------------------------|---|---|
| Number Street                 | From _____<br>To _____     | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 |
| City      State      Zip Code |                            | From _____<br>To _____                    | From _____<br>To _____                    |
| Number Street                 | From _____<br>To _____     | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 |
| City      State      Zip Code |                            | From _____<br>To _____                    | From _____<br>To _____                    |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

| Debtor 1   |   | Debtor 2  |   |
|--|---|---|---|
| Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions)  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and exclusions)  |
| From January 1 of current year until the date you filed for bankruptcy:                | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ |
| For last calendar year:<br>(January 1 to December 31, <u>2015</u> )<br>YYYY            | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ |
| For the calendar year before that:<br>(January 1 to December 31, <u>2014</u> )<br>YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips _____<br><input type="checkbox"/> Operating a business _____ |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| Debtor 1   |  | Debtor 2                                |   |
|--|--|---|---|
| Sources of income<br>Describe below.   | Gross income from each source<br>(before deductions and exclusions)  | Sources of income<br>Describe below.    | Gross income from each source<br>(before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:                | SSI _____ \$8,450.00<br>Food Stamps _____ \$160.00<br>_____<br>_____ | SSI _____ \$13,500.00<br>_____<br>_____ |   |
| For last calendar year:<br>(January 1 to December 31, <u>2015</u> )<br>YYYY            | SSI _____ \$10,140.00<br>_____<br>_____                              | SSI _____ \$16,000.00<br>_____<br>_____ |   |
| For the calendar year before that:<br>(January 1 to December 31, <u>2014</u> )<br>YYYY | SSI _____ \$10,000.00<br>_____<br>_____                              | SSI _____ \$16,000.00<br>_____<br>_____ |   |

|          |                         |                     |                        |
|----------|-------------------------|---------------------|------------------------|
| Debtor 1 | Cleveland<br>First Name | Ward<br>Middle Name | Case number (if known) |
|----------|-------------------------|---------------------|------------------------|

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

#### 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|   | Dates of payment              | Total amount paid                | Amount you still owe | Was this payment for...  |
|---|-------------------------------|----------------------------------|----------------------|--|
| Titlemax - Decatur<br>Creditor's Name<br>2375 Wesley Chapel Rd<br>Number Street | 10/2016<br>09/2016<br>08/2016 | \$217.00<br>\$217.00<br>\$217.00 | \$1800.00            | <input type="checkbox"/> Mortgage<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| Decatur      Georgia      30035<br>City      State      Zip Code                |                               |                                  |                      | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other            |
| Creditor's Name<br>Number Street  |                               |                                  |                      | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other            |
| City      State      Zip Code   |                               |                                  |                      | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      | _____            | _____             | _____                |                         |
| Number Street       | _____            | _____             | _____                |                         |
| City State Zip Code | _____            | _____             | _____                |                         |
| Insider's Name      | _____            | _____             | _____                |                         |
| Number Street       | _____            | _____             | _____                |                         |
| City State Zip Code | _____            | _____             | _____                |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br><i>Include creditor's name</i> |
|---------------------|------------------|-------------------|----------------------|---|
| Insider's Name      | _____            | _____             | _____                |   |
| Number Street       | _____            | _____             | _____                |   |
| City State Zip Code | _____            | _____             | _____                |   |
| Insider's Name      | _____            | _____             | _____                |   |
| Number Street       | _____            | _____             | _____                |   |
| City State Zip Code | _____            | _____             | _____                |   |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| Nature of the case   | Court or agency   | Status of the case  |
|--|---|---|
| Case title<br>Helen LLC v. Cleveland and Diane Ward<br>_____<br><br>Case number<br>14D19808<br>_____ | Dispossession<br><br>Magistrate Court of Dekalb County<br>Court Name<br>556 N McDonough St #100<br>NumberStreet<br>Decatur Georgia 30030<br>City State Zip Code | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |
| Case title<br>_____<br><br>Case number<br>_____  | Court Name<br>_____<br><br>NumberStreet<br>_____<br><br>City State Zip Code   | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded            |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

| Describe the property  | Date                                       | Value of the property |
|--|--|-----------------------|
| Sterling Finance Company<br>Creditor's Name<br>_____<br><br>Po Box 77467<br>Number Street<br>_____<br><br>C/O McCullough Payne Haan & Nadler, LLC<br>_____<br><br>Atlanta Georgia 30357<br>City State Zip Code                               | 2009 Nissan Altima<br>_____<br><br>04/2016 | \$0<br>_____          |
| <b>Explain what happened</b>   |  |                       |
| <input checked="" type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |  |                       |
| Describe the property  | Date                                       | Value of the property |
| Creditor's Name<br>_____<br><br>Number Street<br>_____<br><br>City State Zip Code  | _____<br>_____                             | _____                 |
| <b>Explain what happened</b>   |  |                       |
| <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied.            |  |                       |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

| Describe the action the creditor took | Date action was taken | Amount |
|---------------------------------------|-----------------------|--------|
|---------------------------------------|-----------------------|--------|

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number: XXXX-

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person   | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift _____<br>Number Street _____<br>City _____ State _____ Zip Code _____<br>Person's relationship to you _____ | _____              | _____                    | _____ |
| Person to Whom You Gave the Gift _____<br>Number Street _____<br>City _____ State _____ Zip Code _____<br>Person's relationship to you _____ | _____              | _____                    | _____ |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

**Gifts or contributions to charities  
that total more than \$600**

**Describe what you contributed**

**Date you  
contributed**

**Value**

Charity's Name \_\_\_\_\_  
 \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

**Describe the property you lost and  
how the loss occurred**

**Describe any insurance coverage for the loss**  
Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

**Date of your  
loss**

**Value of property  
lost**

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

LAW FIRM \_\_\_\_\_

Person Who Was Paid  
303 Perimeter Center North \_\_\_\_\_

Number Street \_\_\_\_\_

Suite 201 \_\_\_\_\_

Atlanta \_\_\_\_\_ Georgia \_\_\_\_\_ 30346  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email or website address  
None \_\_\_\_\_

Person Who Made the Payment, if Not You

CC Advising \_\_\_\_\_

Person Who Was Paid  
703 Washington Ave. \_\_\_\_\_

Number Street \_\_\_\_\_

Suite 200 \_\_\_\_\_

Bay City \_\_\_\_\_ Michigan \_\_\_\_\_ 48708  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email or website address  
None \_\_\_\_\_

Person Who Made the Payment, if Not You

**Description and value of any property  
transferred**

**Date payment  
or transfer  
was made**

**Amount of  
payment**

10/24/2016

\$200.00

CCC - 19.52

11/2016

\$19.52

Debtor 1 Cleveland  
First Name

Ward  
Middle Name  
Last Name

Case number (if known)

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid                               |                                   |                   |
| Number Street                                     |                                   |                   |
| City State Zip Code                               |                                   |                   |

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

| Description and value of any property transferred   | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| Person Who Received Transfer                        |  |                        |
| Number Street                                       |  |                        |
| City State Zip Code<br>Person's relationship to you |  |                        |
| Person Who Received Transfer                        |  |                        |
| Number Street                                       |  |                        |
| City State Zip Code<br>Person's relationship to you |  |                        |

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No  
 Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust                                     |                        |

Debtor 1 Cleveland  
 First Name Middle Name Ward Last Name Case number (if known)

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

|                     | Last 4 digits of account number | Type of account or instrument  | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---------------------|---------------------------------|--|--|---|
| Person Who Was Paid | XXXX-                           | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other |  |   |
| Number Street       |                                 |  |  |   |
| City State Zip Code |                                 |  |  |   |
| Person Who Was Paid | XXXX-                           | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other |  |   |
| Number Street       |                                 |  |  |   |
| City State Zip Code |                                 |  |  |   |

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

|                               | Who else had access to it? | Describe the contents | Do you still have it?                                       |
|-------------------------------|----------------------------|-----------------------|---|
| Name of Financial Institution | Name                       |                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Number Street                 | Number Street              |                       |   |
| City State Zip Code           |                            |                       |   |

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

|                          | Who else had access to it? | Describe the contents | Do you still have it?                                       |
|--------------------------|----------------------------|-----------------------|---|
| Name of Storage Facility | Name                       |                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Number Street            | Number Street              |                       |   |
| City State Zip Code      |                            |                       |   |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

| Where is the property?  | Describe the contents                                       | Value |
|---|---|-------|
| Owner's Name<br>_____<br>Number Street<br>_____<br>_____<br>City      State      Zip Code | Number Street<br>_____<br><br>City      State      Zip Code | _____ |

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

| Governmental unit   | Environmental law, if you know it   | Date of notice |
|---|---|----------------|
| Name of site<br>_____<br>Number Street<br>_____<br>_____<br>City      State      Zip Code | Governmental unit<br>_____<br>Number Street<br>_____<br>City      State      Zip Code | _____          |

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

| Governmental unit   | Environmental law, if you know it   | Date of notice |
|---|---|----------------|
| Name of site<br>_____<br>Number Street<br>_____<br>_____<br>City      State      Zip Code | Governmental unit<br>_____<br>Number Street<br>_____<br>City      State      Zip Code | _____          |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Case title

---



---

Court or agency

Court Name

Nature of the case

Status of the case

Case number

---



---

Number Street

City State Zip Code

Pending  
 On appeal  
 Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name

Number Street

City State Zip Code

Describe the nature of the business

Employer Identification number Do not include Social Security number or ITIN.

EIN:

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

Business Name

Number Street

City State Zip Code

Describe the nature of the business

Employer Identification number Do not include Social Security number or ITIN.

EIN:

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

Business Name

Number Street

City State Zip Code

Describe the nature of the business

Employer Identification number Do not include Social Security number or ITIN.

EIN:

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM/DD/YYYY  
Number Street  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Cleveland Ward  
Signature of Debtor 1

Date 11/10/2016

 /s/ Diane Ward  
Signature of Debtor 2

Date 11/10/2016

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |            |             |                                |
|---|------------|-------------|--------------------------------|
| Debtor 1                                | Cleveland  | Ward        |                                |
|   | First Name | Middle Name | Last Name                      |
| Debtor 2                                | Diane      | Hill        | Ward                           |
| (Spouse, if filing)                     | First Name | Middle Name | Last Name                      |
| United States Bankruptcy Court for the: |            | Northern    | District of Georgia<br>(State) |
| Case number<br>(if known)               |            |             |                                |

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2  
 Yes. Where is the property?

1.1 Street address, if available, or other description

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2 Street address, if available, or other description

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)



|          |   |             |   |   |
|----------|---|-------------|---|---|
| Debtor 1 | Cleveland<br>First Name   | Middle Name | Ward<br>Last Name   | Case number (if known)  |
| 3.3      | Make<br>Model:<br>Year:<br>Approximate mileage:   |             | <b>Who has an interest in the property? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property (see instructions)</b> | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: <i>Creditors Who Have Claims Secured by Property.</i> |
|          | Other information:  |             |   | <b>Current value of the entire property?</b> _____ <b>Current value of the portion you own?</b> _____   |
| 3.4      | Make<br>Model:<br>Year:<br>Approximate mileage:   |             | <b>Who has an interest in the property? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property (see instructions)</b> | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: <i>Creditors Who Have Claims Secured by Property.</i> |
|          | Other information:  |             |   | <b>Current value of the entire property?</b> _____ <b>Current value of the portion you own?</b> _____   |
| 4        | <b>Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories</b><br>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |             |   |   |
|          | <input checked="" type="checkbox"/> No  |             |   |   |
|          | <input type="checkbox"/> Yes  |             |   |   |
| 4.1      | Make<br>Model:<br>Year:<br>Approximate mileage:   |             | <b>Who has an interest in the property? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property (see instructions)</b> | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: <i>Creditors Who Have Claims Secured by Property.</i> |
|          | Other information:  |             |   | <b>Current value of the entire property?</b> _____ <b>Current value of the portion you own?</b> _____   |
| 4.2      | Make<br>Model:<br>Year:<br>Approximate mileage:   |             | <b>Who has an interest in the property? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property (see instructions)</b> | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: <i>Creditors Who Have Claims Secured by Property.</i> |
|          | Other information:  |             |   | <b>Current value of the entire property?</b> _____ <b>Current value of the portion you own?</b> _____   |
| 5.       | Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ►   |             |   |   |
|          |   |             |   | \$4575.00   |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

|  |                 |
|--|-----------------|
| <input type="checkbox"/> No                          |                 |
| <input checked="" type="checkbox"/> Yes. Describe... | Household goods |
|  | \$2000.00       |

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music

|  |                        |
|--|------------------------|
| <input type="checkbox"/> No                          |                        |
| <input checked="" type="checkbox"/> Yes. Describe... | Phone, TV, Electronics |
|  | \$2000.00              |

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

|   |  |
|---|--|
| <input checked="" type="checkbox"/> No    |  |
| <input type="checkbox"/> Yes. Describe... |  |
|   |  |

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

|   |  |
|---|--|
| <input checked="" type="checkbox"/> No    |  |
| <input type="checkbox"/> Yes. Describe... |  |
|   |  |

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

|   |  |
|---|--|
| <input checked="" type="checkbox"/> No    |  |
| <input type="checkbox"/> Yes. Describe... |  |
|   |  |

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

|  |          |
|--|----------|
| <input type="checkbox"/> No                          |          |
| <input checked="" type="checkbox"/> Yes. Describe... | Clothing |
|  | \$500.00 |

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

|   |  |
|---|--|
| <input checked="" type="checkbox"/> No    |  |
| <input type="checkbox"/> Yes. Describe... |  |
|   |  |

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

|   |  |
|---|--|
| <input checked="" type="checkbox"/> No    |  |
| <input type="checkbox"/> Yes. Describe... |  |
|   |  |

**14. Any other personal and household items you did not already list, including any health aids you did not list**

|   |  |
|---|--|
| <input checked="" type="checkbox"/> No    |  |
| <input type="checkbox"/> Yes. Describe... |  |
|   |  |

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here ►**

\$4500.00

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes .....

Cash: .....

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes

Institution name:

17.1. Checking account: PNC Bank \$10.00

17.2. Checking account: \_\_\_\_\_

17.3. Savings account: \_\_\_\_\_

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes

Institution or issuer name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them

Name of entity \_\_\_\_\_ % of ownership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|          |                         |                     |                        |
|----------|-------------------------|---------------------|------------------------|
| Debtor 1 | Cleveland<br>First Name | Ward<br>Middle Name | Case number (if known) |
|----------|-------------------------|---------------------|------------------------|

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**  
 Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them..... Issuer name:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**21. Retirement or pension accounts**  
 Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_  
 401(k) or similar plan: \_\_\_\_\_  
 Pension plan: \_\_\_\_\_  
 IRA: \_\_\_\_\_  
 Retirement account: \_\_\_\_\_  
 Keogh: \_\_\_\_\_  
 Additional account: \_\_\_\_\_  
 Additional account: \_\_\_\_\_

**22. Security deposits and prepayments**  
 Your share of all unused deposits you have made so that you may continue service or use from a company  
 Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No Institution name: \_\_\_\_\_

Yes.... Electric: \_\_\_\_\_  
 Gas: \_\_\_\_\_  
 Heating oil: \_\_\_\_\_  
 Security deposit on rental unit: \_\_\_\_\_  
 Prepaid rent: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Water: \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_  
 Other: \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No  
 Yes.... Issuer name and description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Debtor 1  | Cleveland<br>First Name   | Middle Name | Ward<br>Last Name | Case number (if known) |   |
|---|---|-------------|-------------------|------------------------|---|
| <b>24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.</b>  | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   |             |                   |                        |   |
| <input checked="" type="checkbox"/> No  | Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):                             |             |                   |                        |   |
| <input type="checkbox"/> Yes....  |   |             |                   |                        |   |
| <b>25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit</b>  |   |             |                   |                        |   |
| <input checked="" type="checkbox"/> No  |   |             |                   |                        |   |
| <input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |   |             |                   |                        |   |
| <b>26. Patents, copyrights, trademarks, trade secrets, and other intellectual property</b>  | <i>Examples:</i> Internet domain names, websites, proceeds from royalties and licensing agreements                              |             |                   |                        |   |
| <input checked="" type="checkbox"/> No  |   |             |                   |                        |   |
| <input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |   |             |                   |                        |   |
| <b>27. Licenses, franchises, and other general intangibles</b>  | <i>Examples:</i> Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses |             |                   |                        |   |
| <input checked="" type="checkbox"/> No  |   |             |                   |                        |   |
| <input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |   |             |                   |                        |   |
| <b>Money or property owed to you?</b>   |   |             |                   |                        | <b>Current value of the portion you own?</b>  |
|   |   |             |                   |                        | <i>Do not deduct secured claims or exemptions.</i>                                      |
| <b>28. Tax refunds owed to you</b>  |   |             |                   |                        | Federal: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>             |
| <input checked="" type="checkbox"/> No  |   |             |                   |                        | State: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>               |
| <input type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years.....  |   |             |                   |                        | Local: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>               |
| <b>29. Family support</b>   |   |             |                   |                        | Alimony: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>             |
| <i>Examples:</i> Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement   |   |             |                   |                        | Maintenance: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>         |
| <input checked="" type="checkbox"/> No  |   |             |                   |                        | Support: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>             |
| <input type="checkbox"/> Yes. Give specific information.....  |   |             |                   |                        | Divorce settlement: <span style="border: 1px solid black; padding: 2px;">\$0.00</span>  |
| <b>30. Other amounts someone owes you</b>   |   |             |                   |                        | Property settlement: <span style="border: 1px solid black; padding: 2px;">\$0.00</span> |
| <i>Examples:</i> Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else |   |             |                   |                        |   |
| <input checked="" type="checkbox"/> No  |   |             |                   |                        |   |
| <input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |   |             |                   |                        |   |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.....

Company name:

Lincoln Heritage Life Insurance Company

Beneficiary:

Diane H. Ward

Surrender or refund value:

\$0.00

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Describe...  

\_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe...  

\_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe...  

\_\_\_\_\_

**35. Any financial assets you did not already list**

No

Yes. Describe...  

\_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here ►**

\$10.00

\_\_\_\_\_

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe...  

\_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe...  

\_\_\_\_\_

|   |                         |             |                   |                        |
|---|-------------------------|-------------|-------------------|------------------------|
| Debtor 1  | Cleveland<br>First Name | Middle Name | Ward<br>Last Name | Case number (if known) |
| <b>40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade</b>  |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No  |                         |             |                   |                        |
| <input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <hr/>   |                         |             |                   |                        |
| <b>41. Inventory</b>  |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No  |                         |             |                   |                        |
| <input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <hr/>   |                         |             |                   |                        |
| <b>42. Interests in partnerships or joint ventures</b>  |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No  |                         |             |                   |                        |
| <input type="checkbox"/> Yes. Give specific information about them<br><span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <hr/>   |                         |             |                   |                        |
| <b>43. Customer lists, mailing lists, or other compilations</b>   |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No  |                         |             |                   |                        |
| <input type="checkbox"/> Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?<br><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Describe..... <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> |                         |             |                   |                        |
| <hr/>   |                         |             |                   |                        |
| <b>44. Any business-related property you did not already list</b>   |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No  |                         |             |                   |                        |
| <input type="checkbox"/> Yes. Give specific information .....<br><span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>  |                         |             |                   |                        |
| <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <b>45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ► <span style="border: 1px solid black; padding: 2px;"> </span></b>  |                         |             |                   |                        |
| <hr/>   |                         |             |                   |                        |
| <b>Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.</b><br>If you own or have an interest in farmland, list it in Part 1.   |                         |             |                   |                        |
| <b>46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?</b>  |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No. Go to Part 7.<br><input type="checkbox"/> Yes. Go to line 47.   |                         |             |                   |                        |
| <b>Current value of the portion you own?</b><br>Do not deduct secured claims or exemptions  |                         |             |                   |                        |
| <b>47. Farm animals</b><br>Examples: Livestock, poultry, farm-raised fish   |                         |             |                   |                        |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Describe... <span style="border: 1px solid black; padding: 2px;"> </span>   |                         |             |                   |                        |
| <hr/>   |                         |             |                   |                        |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

48. Crops-either growing or harvested

No

Yes. Describe...  

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes. Describe...  

50. Farm and fishing supplies, chemicals, and feed

No

Yes. Describe...  

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Describe...  

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached  
for Part 6. Write that number here ..... ➤  

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific  
information    

54. Add the dollar value of all of your entries from Part 7. Write that number here ..... ➤  

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... ➤  

56. part 2 total vehicles, line 5 \$4575.00

57. Part 3: Total personal and household items, line 15 \$4500.00

58. Part 4: Total financial assets, line 36 \$10.00

59. Part 5: Total business-related property, line 45  

60. Part 6: Total farm- and fishing-related property, line 52  

61. Part 7: Total other property not listed, line 54  

62. Total personal property. Add lines 56 through 61. .... \$9085.00 ➤ + \$9085.00

Copy personal property total ➤

63. Total of all property on Schedule A/B. Add line 55 + line 62. .... \$9085.00

Fill in this information to identify your case:

|   |            |                                |
|---|------------|--------------------------------|
| Debtor 1                                | Cleveland  | Ward                           |
|   | First Name | Middle Name                    |
| Debtor 2                                | Diane      | Ward                           |
| (Spouse, if filing)                     | First Name | Middle Name                    |
| United States Bankruptcy Court for the: | Northern   | District of Georgia<br>(State) |
| Case number<br>(if known)               |            |                                |

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own       | Amount of the exemption you claim<br><i>Check only one box for each exemption.</i>   | Specific laws that allow exemption |
|---|--|--|------------------------------------|
|   | Copy the value from<br><i>Schedule A/B</i> |  |                                    |
| Brief description:<br><u>PNC Bank</u>   | \$10.00                                    | <input checked="" type="checkbox"/> \$10.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | O.C.G.A. § 44-13-100(a)(6)         |
| Line from<br><i>Schedule A/B:</i> <u>17</u>   |  |  |                                    |
| Brief description:<br><u>Mercury Mountainer,<br/>2002</u>                           | \$4,575.00                                 | <input checked="" type="checkbox"/> \$2,775.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(3)         |
| Line from<br><i>Schedule A/B:</i> <u>03</u>   |  |  |                                    |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Cleveland  
First Name Middle Name Ward Last Name Case number (if known)

**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br><i>Copy the value from Schedule A/B</i> | Amount of the exemption you claim<br><i>Check only one box for each exemption.</i>   | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| Brief description:<br><u>Household goods</u>  | \$2,000.00  | <input checked="" type="checkbox"/> \$2,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(4)         |
| Line from Schedule A/B: 06  |   |  |                                    |
| Brief description:<br><u>Phone, TV, Electronics</u>                                 | \$2,000.00  | <input checked="" type="checkbox"/> \$2,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(4)         |
| Line from Schedule A/B: 07  |   |  |                                    |
| Brief description:<br><u>Clothing</u>   | \$500.00  | <input checked="" type="checkbox"/> \$500.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | O.C.G.A. § 44-13-100(a)(4)         |
| Line from Schedule A/B: 11  |   |  |                                    |

Fill in this information to identify your case:

|   |            |                                |
|---|------------|--------------------------------|
| Debtor 1                                | Cleveland  | Ward                           |
|   | First Name | Middle Name                    |
| Debtor 2                                | Diane      | Ward                           |
| (Spouse, if filing)                     | First Name | Middle Name                    |
| United States Bankruptcy Court for the: | Northern   | District of Georgia<br>(State) |
| Case number<br>(If known)               |            |                                |

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

|     |  | Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral.   | Column B<br>Value of<br>collateral<br>that supports<br>this claim | Column C<br>Unsecured<br>portion<br>If any |        |
|-----|--|--|---|--|--------|
| 2.1 | <p>Titlemax - Decatur<br/>Creditor's Name<br/><b>2375 Wesley Chapel Rd</b><br/>Number Street</p> <p>Decatur Georgia 30035<br/>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> <b>Check if this claim relates to a community debt</b><br/> Date debt was incurred _____</p> | <p><b>Describe the property that secures the claim:</b><br/>Mercury Mountainer   Value: \$2,500.00</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br/> <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br/> <input type="checkbox"/> Judgment lien from a lawsuit<br/> <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number_____</p> | \$1,800.00  | \$4,575.00                                 | \$0.00 |
| 2.2 | <p>Helen LLC<br/>Creditor's Name<br/><b>7173 Covington Hwy Ste D</b><br/>Number Street</p> <p>Lithonia Georgia 30058<br/>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> <b>Check if this claim relates to a community debt</b><br/> Date debt was incurred _____</p>      | <p><b>Describe the property that secures the claim:</b><br/>All Real and Personal Property</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br/> <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br/> <input checked="" type="checkbox"/> Judgment lien from a lawsuit<br/> <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number_____</p>         | \$2,125.00  | \$9,085.00                                 | \$0.00 |

Add the dollar value of your entries in Column A on this page. Write that number here: **\$3,925.00**

Fill in this information to identify your case:

|   |   |                     |                                |
|---|---|---------------------|--------------------------------|
| Debtor 1                                | Cleveland<br>First Name                 | Middle Name         | Ward<br>Last Name              |
| Debtor 2                                | Diane<br>(Spouse, if filing) First Name | Hill<br>Middle Name | Ward<br>Last Name              |
| United States Bankruptcy Court for the: |   | Northern            | District of Georgia<br>(State) |
| Case number<br>(If known)               |   |                     |                                |

Check if this is an amended filing

## Official Form 106E/F

# Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |   | Total claim   | Priority amount | Nonpriority amount |        |
|-----|---|---|-----------------|--------------------|--------|
| 2.1 | <p>Georgia Department of Revenue</p> <p>Priority Creditor's Name<br/>1800 Century Blvd</p> <p>Number Street<br/>Suite 17200</p> <p>Atlanta Georgia 30345</p> <p>City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____ n/a</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | \$0.00          | \$0.00             | \$0.00 |
| 2.2 | <p>Internal Revenue Service</p> <p>Priority Creditor's Name<br/>P.O. Box 7346</p> <p>Number Street</p> <p>Philadelphia Pennsylvania 19101</p> <p>City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p>  | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____ n/a</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | \$0.00          | \$0.00             | \$0.00 |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

|            |  | <b>Total claim</b>  |
|------------|--|---|
| <b>4.1</b> | <b>3brothers Lawn Care</b><br>Nonpriority Creditor's Name<br>6215 Rockbridge Rd<br>Number Street<br><br>Stone Mtn Georgia 30087<br>City State Zip Code                                     | Last 4 digits of account number <u>5794</u><br>When was the debt incurred? <u>n/a</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Fees</u>                      |
|            |  | <u>\$400.00</u>   |
| <b>4.2</b> | <b>ACCEPTANCE NOW</b><br>Nonpriority Creditor's Name<br>5501 Headquarters Dr<br>Number Street<br><br>ATTN: Acceptance Now Customer Service<br><br>Plano Texas 75024<br>City State Zip Code | Last 4 digits of account number <u>0918</u><br>When was the debt incurred? <u>10/1/2014</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>024 UnknownLoanType</u> |
|            |  | <u>\$0.00</u>   |
| <b>4.3</b> | <b>Advanced Home Care</b><br>Nonpriority Creditor's Name<br>Po Box 13150<br>Number Street<br><br><br>Overland Park Kansas 66282<br>City State Zip Code                                     | Last 4 digits of account number <u>3029</u><br>When was the debt incurred? <u>n/a</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>                |
|            |  | <u>\$112.10</u>   |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|     |   |   |            |
|-----|---|---|------------|
| 4.4 | AFNI, INC.<br>Nonpriority Creditor's Name<br>PO Box 3517<br>Number Street<br><br>Bloomington Illinois 61702<br>City State Zip Code  | Last 4 digits of account number <u>0744</u>   | \$1,595.00 |
|     | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>4/1/2016</u>   |            |
|     | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: SPRINT</u> |            |
| 4.5 | American Medical Collection Agency<br>Nonpriority Creditor's Name<br>4 Westchester Plaza # Suite 110<br>Number Street<br><br>Elmsford New York 10523<br>City State Zip Code   | Last 4 digits of account number <u>n/a</u>  | \$32.00    |
|     | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>n/a</u>  |            |
|     | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____   |            |
| 4.6 | Apria Healthcare<br>Nonpriority Creditor's Name<br>PO Box 536841<br>Number Street<br><br>Atlanta Georgia 30353<br>City State Zip Code   | Last 4 digits of account number <u>n/a</u>  | \$43.03    |
|     | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>n/a</u>  |            |
|     | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>   |            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |   |  |  |   |          |
|---|---|--|--|---|----------|
| 4.7   | ASSOCIATED CREDIT UNIO<br>Nonpriority Creditor's Name<br>1470 Beaver Run Rd<br>Number Street<br><br>Norcross Georgia 30093<br>City State Zip Code |  |  | Last 4 digits of account number <u>0010</u> | \$0.00   |
|   |   |  | When was the debt incurred? <u>10/1/2010</u> |   |          |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |  |   |          |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Installment Loan</u> |   |  |  |   |          |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |  |  |   |          |
| <b>Check if this claim relates to a community debt</b><br><input type="checkbox"/>  |   |  |  |   |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |  |   |          |
| 4.8   | ATT Mobility<br>Nonpriority Creditor's Name<br>5910 W. Plano Pkwy Ste 10<br>Number Street<br><br>Plano Texas 75093<br>City State Zip Code         |  |  | Last 4 digits of account number _____       | \$0.00   |
|   |   |  | When was the debt incurred? <u>n/a</u>       |   |          |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |  |   |          |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>           |   |  |  |   |          |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |  |  |   |          |
| <b>Check if this claim relates to a community debt</b><br><input type="checkbox"/>  |   |  |  |   |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |  |   |          |
| 4.9   | CAPITAL ONE<br>Nonpriority Creditor's Name<br>11013 W BROAD ST<br>Number Street<br><br>GLEN ALLEN Virginia 23060<br>City State Zip Code           |  |  | Last 4 digits of account number <u>1514</u> | \$423.00 |
|   |   |  | When was the debt incurred? <u>5/1/2016</u>  |   |          |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |  |   |          |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>           |   |  |  |   |          |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |  |  |   |          |
| <b>Check if this claim relates to a community debt</b><br><input type="checkbox"/>  |   |  |  |   |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |  |   |          |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |  |  |  |          |
|------|---|--|--|--|----------|
| 4.10 | CAPITAL ONE BANK USA NA<br>Nonpriority Creditor's Name<br>PO BOX 85520<br>Number Street |  |  | Last 4 digits of account number  | \$423.00 |
|      |   |  |  | When was the debt incurred?  | 5/1/2016 |
|      |   |  |  | As of the date you file, the claim is: Check all that apply.   |          |
|      |   |  |  | <input type="checkbox"/> Contingent  |          |
|      |   |  |  | <input type="checkbox"/> Unliquidated  |          |
|      |   |  |  | <input type="checkbox"/> Disputed  |          |
|      |   |  |  | Type of NONPRIORITY unsecured claim:   |          |
|      |   |  |  | <input type="checkbox"/> Student loans   |          |
|      |   |  |  | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|      |   |  |  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts   |          |
|      |   |  |  | <input checked="" type="checkbox"/> Other. Specify _____ CreditCard  |          |
|      | Who incurred the debt? Check one.   |  |  | Is the claim subject to offset?  |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only                                       |  |  | <input checked="" type="checkbox"/> No   |          |
|      | <input type="checkbox"/> Debtor 2 only  |  |  | <input type="checkbox"/> Yes   |          |
|      | <input type="checkbox"/> Debtor 1 and Debtor 2 only                                     |  |  |  |          |
|      | <input type="checkbox"/> At least one of the debtors and another                        |  |  |  |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt                |  |  |  |          |
|      | Is the claim subject to offset?   |  |  |  |          |
|      | <input checked="" type="checkbox"/> No  |  |  | <input type="checkbox"/> Yes   |          |
| 4.11 | CARTER-YOUNG INC<br>Nonpriority Creditor's Name<br>PO BOX 82269<br>Number Street        |  |  | Last 4 digits of account number  | \$308.00 |
|      |   |  |  | When was the debt incurred?  | 8/1/2014 |
|      |   |  |  | As of the date you file, the claim is: Check all that apply.   |          |
|      |   |  |  | <input type="checkbox"/> Contingent  |          |
|      |   |  |  | <input type="checkbox"/> Unliquidated  |          |
|      |   |  |  | <input type="checkbox"/> Disputed  |          |
|      |   |  |  | Type of NONPRIORITY unsecured claim:   |          |
|      |   |  |  | <input type="checkbox"/> Student loans   |          |
|      |   |  |  | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|      |   |  |  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts   |          |
|      |   |  |  | <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR:<br>Other. Specify _____ MEDICAL PAYMENT DATA |          |
| 4.12 | CARTER-YOUNG INC<br>Nonpriority Creditor's Name<br>PO BOX 82269<br>Number Street        |  |  | Last 4 digits of account number  | \$137.00 |
|      |   |  |  | When was the debt incurred?  | 1/1/2014 |
|      |   |  |  | As of the date you file, the claim is: Check all that apply.   |          |
|      |   |  |  | <input type="checkbox"/> Contingent  |          |
|      |   |  |  | <input type="checkbox"/> Unliquidated  |          |
|      |   |  |  | <input type="checkbox"/> Disputed  |          |
|      |   |  |  | Type of NONPRIORITY unsecured claim:   |          |
|      |   |  |  | <input type="checkbox"/> Student loans   |          |
|      |   |  |  | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|      |   |  |  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts   |          |
|      |   |  |  | <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR:<br>Other. Specify _____ MEDICAL PAYMENT DATA |          |
|      | Who incurred the debt? Check one.   |  |  | Is the claim subject to offset?  |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only                                       |  |  | <input checked="" type="checkbox"/> No   |          |
|      | <input type="checkbox"/> Debtor 2 only  |  |  | <input type="checkbox"/> Yes   |          |
|      | <input type="checkbox"/> Debtor 1 and Debtor 2 only                                     |  |  |  |          |
|      | <input type="checkbox"/> At least one of the debtors and another                        |  |  |  |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt                |  |  |  |          |
|      | Is the claim subject to offset?   |  |  |  |          |
|      | <input checked="" type="checkbox"/> No  |  |  | <input type="checkbox"/> Yes   |          |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |   |            |
|------|---|---|------------|
| 4.13 | CCB/HSN<br>Nonpriority Creditor's Name<br>PO BOX 182120<br>Number Street<br><br>COLUMBUS Ohio 43218<br>City State Zip Code  | Last 4 digits of account number <u>8780</u>   | \$1,074.00 |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>11/2015</u>  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |            |
| 4.14 | Central Financial Control<br>Nonpriority Creditor's Name<br>PO BOX 66051<br>Number Street<br><br>ANAHEIM California 92816<br>City State Zip Code  | Last 4 digits of account number <u>0091</u>   | \$288.11   |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>12/1/2012</u>  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR:<br/>MEDICAL PAYMENT DATA</u> |            |
| 4.15 | Comcast<br>Nonpriority Creditor's Name<br>11621 E. Marginal Way # 5<br>Number Street<br>Bankruptcy Dept<br><br>Seattle Washington 98168<br>City State Zip Code  | Last 4 digits of account number <u>5794</u>   | \$456.78   |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>n/a</u>  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>   |            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |   |            |
|------|---|---|------------|
| 4.16 | Comenity - HSN<br>Nonpriority Creditor's Name<br>PO Box 659707<br>Number Street<br><br>San Antonio Texas 78265<br>City State Zip Code   | Last 4 digits of account number <u>5794</u>   | \$1,134.36 |
|      | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>n/a</u>  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>fees</u>       |            |
| 4.17 | COMENITY CAPITAL/HSN<br>Nonpriority Creditor's Name<br>995 W 122ND AVE<br>Number Street<br><br>WESTMINSTER Colorado 80234<br>City State Zip Code  | Last 4 digits of account number   | \$1,134.00 |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>11/1/2015</u>  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> |            |
| 4.18 | Credit Collection Services<br>Nonpriority Creditor's Name<br>2 Wells Ave<br>Number Street<br><br>Newton Center Massachusetts 02459<br>City State Zip Code   | Last 4 digits of account number   | \$109.02   |
|      | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>n/a</u>  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u> |            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |  |   |          |
|---|--|---|----------|
| 4.19  | CREDIT ONE BANK NA<br>Nonpriority Creditor's Name<br>PO BOX 98875<br>Number Street<br><br>LAS VEGAS Nevada 89193<br>City State Zip Code    | Last 4 digits of account number _____<br>When was the debt incurred? 4/1/2016<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard | \$407.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  |   |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |   |          |
| 4.20  | CREDITONEBNK<br>Nonpriority Creditor's Name<br>PO BOX 98872<br>Number Street<br><br>LAS VEGAS Nevada 89193<br>City State Zip Code          | Last 4 digits of account number 1257<br>When was the debt incurred? 4/1/2016<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard  | \$407.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  |   |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |   |          |
| 4.21  | DEPT OF ED/582/NELNET<br>Nonpriority Creditor's Name<br>PO BOX 173904<br>Number Street<br><br>DENVER Colorado 80217<br>City State Zip Code | Last 4 digits of account number 2699<br>When was the debt incurred? 10/1/2005<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____            | \$0.00   |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  |   |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |   |          |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |   |            |
|------|---|---|------------|
| 4.22 | Dish Network<br>Nonpriority Creditor's Name<br>9601 S Meridian Blvd<br>Number Street  | Last 4 digits of account number<br>5794 | \$450.76   |
|      |   | When was the debt incurred?<br>n/a      |            |
|      | As of the date you file, the claim is: Check all that apply.  |   |            |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |   |            |
|      | Type of NONPRIORITY unsecured claim:  |   |            |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Collection   |   |            |
|      | Who incurred the debt? Check one.   |   |            |
|      | <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |            |
|      | Check if this claim relates to a community debt   |   |            |
|      | Is the claim subject to offset?   |   |            |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |            |
| 4.23 | DIVERSIFIED<br>Nonpriority Creditor's Name<br>Po Box 1391<br>Number Street  | Last 4 digits of account number<br>7451 | \$585.00   |
|      |   | When was the debt incurred?<br>3/1/2016 |            |
|      | As of the date you file, the claim is: Check all that apply.  |   |            |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |   |            |
|      | Type of NONPRIORITY unsecured claim:  |   |            |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ 001 Collection; Collecting for ORIGINAL CREDITOR: 11 COMCAST |   |            |
|      | Who incurred the debt? Check one.   |   |            |
|      | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |            |
|      | Check if this claim relates to a community debt   |   |            |
|      | Is the claim subject to offset?   |   |            |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |            |
| 4.24 | Dixie Finance Company, Inc DBA Sterling Finance Company<br>Nonpriority Creditor's Name<br>271 17th St Nw Ste 2200<br>Number Street  | Last 4 digits of account number         | \$1,560.00 |
|      |   | When was the debt incurred?<br>n/a      |            |
|      | As of the date you file, the claim is: Check all that apply.  |   |            |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |   |            |
|      | Type of NONPRIORITY unsecured claim:  |   |            |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Collection   |   |            |
|      | Who incurred the debt? Check one.   |   |            |
|      | <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |            |
|      | Check if this claim relates to a community debt   |   |            |
|      | Is the claim subject to offset?   |   |            |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |            |

|          |                         |                     |                        |
|----------|-------------------------|---------------------|------------------------|
| Debtor 1 | Cleveland<br>First Name | Ward<br>Middle Name | Case number (if known) |
|----------|-------------------------|---------------------|------------------------|

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

|  |  |  |            |
|--|--|--|------------|
| 4.25   | Dixie Finance Company, Inc DBA Sterling Finance Company<br>Nonpriority Creditor's Name<br>271 17th St Nw Ste 2200<br>Number Street | Last 4 digits of account number <u>5794</u>  | \$1,590.78 |
|  |  | When was the debt incurred? <u>7/14/2016</u>   |            |
| <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <u>fees</u></p>   |  |  |            |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another   |  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |            |
| 4.26   | DSRM NT BK<br>Nonpriority Creditor's Name<br>POB 631 112 W 8TH<br>Number Street  | Last 4 digits of account number <u>0000</u>  | \$292.00   |
|  |  | When was the debt incurred? <u>5/1/2016</u>  |            |
| <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>   |  |  |            |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another   |  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |            |
| 4.27   | ENHANCED RECOVERY CORPORATION<br>Nonpriority Creditor's Name<br>8014 BAYBERRY RD<br>Number Street                                  | Last 4 digits of account number <u>4053</u>  | \$334.00   |
|  |  | When was the debt incurred? <u>7/1/2016</u>  |            |
| <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: AT T</u></p> |  |  |            |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another   |  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |  |   |          |
|------|--|---|----------|
| 4.28 | ENHANCED RECOVERY CORPORATION<br>Nonpriority Creditor's Name<br>8014 BAYBERRY RD<br>Number Street  | Last 4 digits of account number <u>2119</u>               | \$238.00 |
|      |  | When was the debt incurred? <u>11/1/2013</u>              |          |
|      | As of the date you file, the claim is: Check all that apply.   |   |          |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |          |
|      | Type of NONPRIORITY unsecured claim:   |   |          |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: AT T</u> |   |          |
|      | Who incurred the debt? Check one.  |   |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another   |   |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt   |   |          |
|      | Is the claim subject to offset?  |   |          |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |          |
| 4.29 | ERC<br>Nonpriority Creditor's Name<br>PO Box 23870<br>Number Street  | Last 4 digits of account number <u>                  </u> | \$503.40 |
|      |  | When was the debt incurred? <u>n/a</u>                    |          |
|      | As of the date you file, the claim is: Check all that apply.   |   |          |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |          |
|      | Type of NONPRIORITY unsecured claim:   |   |          |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>   |   |          |
|      | Who incurred the debt? Check one.  |   |          |
|      | <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another   |   |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt   |   |          |
|      | Is the claim subject to offset?  |   |          |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |          |
| 4.30 | Erica Leong<br>Nonpriority Creditor's Name<br>1485 Columbia Dr<br>Number Street  | Last 4 digits of account number <u>                  </u> | \$0.00   |
|      |  | When was the debt incurred? <u>n/a</u>                    |          |
|      | As of the date you file, the claim is: Check all that apply.   |   |          |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |          |
|      | Type of NONPRIORITY unsecured claim:   |   |          |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>   |   |          |
|      | Who incurred the debt? Check one.  |   |          |
|      | <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another   |   |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt   |   |          |
|      | Is the claim subject to offset?  |   |          |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |          |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |   |            |
|------|---|---|------------|
| 4.31 | Fed Loan Serv<br>Nonpriority Creditor's Name<br>Pob 69184<br>Number Street<br><br>Harrisburg Pennsylvania 17106<br>City State Zip Code  | Last 4 digits of account number _____ 0001  | \$2,931.00 |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? _____ 3/1/2013  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____             |            |
| 4.32 | FIRST PREMIER BANK<br>Nonpriority Creditor's Name<br>Jefferson Capital Systems, LLC PO Box 7999<br>Number Street<br><br>c/o Kelly Lukason<br><br>Saint Cloud Minnesota 56302<br>City State Zip Code   | Last 4 digits of account number _____   | \$0.00     |
|      | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? _____ 6/1/2005  |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard  |            |
| 4.33 | LCA Collections<br>Nonpriority Creditor's Name<br>PO Box 2240<br>Number Street<br><br>Laboratory Corporation of America<br><br>Burlington North Carolina 27216<br>City State Zip Code   | Last 4 digits of account number _____   | \$19.00    |
|      | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? _____ n/a   |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Collections |            |

|          |                         |                     |                        |
|----------|-------------------------|---------------------|------------------------|
| Debtor 1 | Cleveland<br>First Name | Ward<br>Middle Name | Case number (if known) |
|----------|-------------------------|---------------------|------------------------|

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

|   |   |  |  |  |            |
|---|---|--|--|--|------------|
| 4.34  | <b>NATIONAL CREDIT SYSTEM</b><br>Nonpriority Creditor's Name<br>3750 NATURALLY FRESH BLV<br>Number Street<br><br>Atlanta Georgia 30349<br>City State Zip Code     |  |  | Last 4 digits of account number <u>1683</u>  | \$4,070.00 |
|   |   |  |  | When was the debt incurred? <u>5/1/2013</u>  |            |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |  |  |            |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: CHASTAIN WEST</u>        |   |  |  |  |            |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |  |  |  |            |
| <b>Check if this claim relates to a community debt</b> <input type="checkbox"/>   |   |  |  |  |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |  |  |            |
| 4.35  | <b>OPTIMUM OUTCOMES INC</b><br>Nonpriority Creditor's Name<br>2651 WARRENVILLE RD STE<br>Number Street<br><br>DOWNERS GROVE Illinois 60515<br>City State Zip Code |  |  | Last 4 digits of account number <u>3800</u>  | \$51.00    |
|   |   |  |  | When was the debt incurred? <u>1/1/2012</u>  |            |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |  |  |            |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT DATA</u> |   |  |  |  |            |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |  |  |  |            |
| <b>Check if this claim relates to a community debt</b> <input type="checkbox"/>   |   |  |  |  |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |  |  |            |
| 4.36  | <b>PIONEER CRDT</b><br>Nonpriority Creditor's Name<br>580 Atlanta Rd # 214<br>Number Street<br><br>Cumming Georgia 30040<br>City State Zip Code                   |  |  | Last 4 digits of account number <u>2218</u>  | \$820.00   |
|   |   |  |  | When was the debt incurred? <u>12/1/2015</u> |            |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |  |  |            |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>18 InstallmentLoan</u>   |   |  |  |  |            |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |  |  |  |            |
| <b>Check if this claim relates to a community debt</b> <input type="checkbox"/>   |   |  |  |  |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |  |  |            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |  |          |
|------|---|--|----------|
| 4.37 | PORTFOLIO RC<br>Nonpriority Creditor's Name<br>120 Corporate Boulevard<br>Number Street   | Last 4 digits of account number <u>4102</u>  | \$0.00   |
|      |   | When was the debt incurred? <u>10/1/2014</u> |          |
|      | As of the date you file, the claim is: Check all that apply.  |  |          |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |  |          |
|      | Type of NONPRIORITY unsecured claim:  |  |          |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: CAPITAL<br>Other. Specify <u>ONE BANK USA N A</u> |  |          |
|      | Who incurred the debt? Check one.   |  |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |  |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt  |  |          |
|      | Is the claim subject to offset?   |  |          |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |          |
| 4.38 | RMS<br>Nonpriority Creditor's Name<br>77 Hartland Street # 401<br>Number Street   | Last 4 digits of account number <u>1270</u>  | \$437.81 |
|      |   | When was the debt incurred? <u>n/a</u>       |          |
|      | As of the date you file, the claim is: Check all that apply.  |  |          |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |  |          |
|      | Type of NONPRIORITY unsecured claim:  |  |          |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Collection</u>  |  |          |
|      | Who incurred the debt? Check one.   |  |          |
|      | <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |  |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt  |  |          |
|      | Is the claim subject to offset?   |  |          |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |          |
| 4.39 | Santander Consumer USA<br>Nonpriority Creditor's Name<br>PO Box 961245<br>Number Street   | Last 4 digits of account number <u>1000</u>  | \$0.00   |
|      |   | When was the debt incurred? <u>5/1/2007</u>  |          |
|      | As of the date you file, the claim is: Check all that apply.  |  |          |
|      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |  |          |
|      | Type of NONPRIORITY unsecured claim:  |  |          |
|      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>066 Automobile</u>  |  |          |
|      | Who incurred the debt? Check one.   |  |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |  |          |
|      | <input type="checkbox"/> Check if this claim relates to a community debt  |  |          |
|      | Is the claim subject to offset?   |  |          |
|      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |          |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |   |   |            |
|---|---|---|------------|
| 4.40  | Sterling Finance Company<br>Nonpriority Creditor's Name<br>Po Box 77467<br>Number Street<br>C/O McCullough Payne Haan & Nadler, LLC | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a  | \$8,066.00 |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Tag Financial |            |
| 4.41  | Stream Energy<br>Nonpriority Creditor's Name<br>PO Box 105522<br>Number Street  | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a  | \$128.68   |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Collection    |            |
| 4.42  | TAG Financial Services Inc<br>Nonpriority Creditor's Name<br>1000 Cobb PI Blvd NW<br>Number Street                                  | Last 4 digits of account number _____ 1950<br>When was the debt incurred? _____ 7/1/2014  | \$0.00     |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ 54 Automobile |            |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|  |   |  |        |
|--|---|--|--------|
| 4.43   | US DEP ED<br>Nonpriority Creditor's Name<br>PO BOX 5609<br>Number Street<br><br>GREENVILLE Texas 75403<br>City State Zip Code                       | Last 4 digits of account number <u>7941</u>  | \$0.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b>                                      |   | When was the debt incurred? <u>10/1/2005</u> |        |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |   |  |        |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____            |   |  |        |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |        |
| 4.44   | Vista Gardens<br>Nonpriority Creditor's Name<br>4590 Washington Rd<br>Number Street<br><br>Atlanta Georgia 30349<br>City State Zip Code             | Last 4 digits of account number _____        | \$0.00 |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b>                                      |   | When was the debt incurred? <u>n/a</u>       |        |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |   |  |        |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Collection |   |  |        |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |        |
| 4.45   | Web Bank/Finger Hut<br>Nonpriority Creditor's Name<br>6250 RIDGEWOOD ROA<br>Number Street<br><br>SAINT CLOUD Minnesota 56303<br>City State Zip Code | Last 4 digits of account number <u>5676</u>  | \$0.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b>                                      |   | When was the debt incurred? <u>7/1/2016</u>  |        |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |   |  |        |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard |   |  |        |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |        |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |  |   |          |
|------|--|---|----------|
| 4.46 | WEBBANK/FINGERHUT<br>Nonpriority Creditor's Name<br>6250 RIDGEWOOD RD<br>Number Street   | Last 4 digits of account number _____   | \$0.00   |
|      |  | When was the debt incurred? _____   | 7/1/2016 |
|      |  | As of the date you file, the claim is: Check all that apply.  |          |
|      |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |          |
|      |  | Type of NONPRIORITY unsecured claim:  |          |
|      |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard |          |
|      | <b>Who incurred the debt?</b> Check one.   |   |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |          |
|      | <b>Check if this claim relates to a community debt</b>   |   |          |
|      | <b>Is the claim subject to offset?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |          |
| 4.47 | WELLS FARGO BANK<br>Nonpriority Creditor's Name<br>Po Box 24605<br>Number Street   | Last 4 digits of account number _____   | \$366.00 |
|      |  | When was the debt incurred? _____   | 5/1/2015 |
|      |  | As of the date you file, the claim is: Check all that apply.  |          |
|      |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |          |
|      |  | Type of NONPRIORITY unsecured claim:  |          |
|      |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard |          |
|      | <b>Who incurred the debt?</b> Check one.   |   |          |
|      | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |          |
|      | <b>Check if this claim relates to a community debt</b>   |   |          |
|      | <b>Is the claim subject to offset?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |          |
| 4.48 | Wells Fargo Card Services<br>Nonpriority Creditor's Name<br>P O Box 5284<br>Number Street  | Last 4 digits of account number _____   | \$169.54 |
|      |  | When was the debt incurred? _____   | n/a      |
|      |  | As of the date you file, the claim is: Check all that apply.  |          |
|      |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |          |
|      |  | Type of NONPRIORITY unsecured claim:  |          |
|      |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ fees       |          |
|      | <b>Who incurred the debt?</b> Check one.   |   |          |
|      | <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |          |
|      | <b>Check if this claim relates to a community debt</b>   |   |          |
|      | <b>Is the claim subject to offset?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |          |

Debtor 1 Cleveland  
First Name

Middle Name  
Last Name

Ward  
Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

McCullough Payne Haan & Nadler, LLC

Name

Po Box 77467

Number Street

Atlanta Georgia 30357  
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check  
one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured  
Claims

Special Assistant U.S. Attorney

Name

401 W. Peachtree Street, NW, STOP 1000-D, Suite 600  
Number Street

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check  
one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured  
Claims

Atlanta Georgia 30308  
City State Zip Code

Last 4 digits of account number

Internal Revenue Service - Atl

Name

401 W Peachtree St. NW, Stop 334-D  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check  
one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured  
Claims

Atlanta Georgia 30308  
City State Zip Code

Last 4 digits of account number

Department of Justice, Tax Division

Name

75 Spring Street SW  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check  
one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured  
Claims

Atlanta Georgia 30303  
City State Zip Code

Last 4 digits of account number

Office of the United States Trustee-ATL

Name

219 S Dearborn St, 5th Floor  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check  
one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured  
Claims

Chicago Illinois 60604  
City State Zip Code

Last 4 digits of account number

|          |                         |             |                   |                        |
|----------|-------------------------|-------------|-------------------|------------------------|
| Debtor 1 | Cleveland<br>First Name | Middle Name | Ward<br>Last Name | Case number (if known) |
|----------|-------------------------|-------------|-------------------|------------------------|

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
Add the amounts for each type of unsecured claim.

|                          |   |                 |
|--------------------------|---|-----------------|
| Total claims from Part 1 | <b>Total claims</b>   |                 |
|                          | 6a. Domestic support obligations.   | 6a. \$0.00      |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b. \$0.00      |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. \$0.00      |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$0.00      |
|                          | 6e. Total. Add lines 6a through 6d.   | 6e. \$0.00      |
| Total claims from Part 2 | <b>Total claims</b>   |                 |
|                          | 6f. Student loans   | 6f. \$2,931.00  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$0.00      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$32.00     |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. \$28,133.37 |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j. \$31,096.37 |

Fill in this information to identify your case:

|   |            |                     |           |
|---|------------|---------------------|-----------|
| Debtor 1                                | Cleveland  | Ward                |           |
|   | First Name | Middle Name         | Last Name |
| Debtor 2                                | Diane      | Hill                | Ward      |
| (Spouse, if filing)                     | First Name | Middle Name         | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Georgia |           |
|   |            | (State)             |           |
| Case number<br>(if known)               |            |                     |           |

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

|     | Person or company with whom you have the contract or lease   | State what the contract or lease is for           |
|-----|--|---|
| 2.1 | Erica Leong<br>Name<br><br>1485 Columbia Dr<br>Number Street<br><br>Decatur Georgia 30032<br>City State Zip Code | Residential Lease,<br>Other,<br>Residential Lease |

Fill in this information to identify your case:

|   |            |                     |           |
|---|------------|---------------------|-----------|
| Debtor 1                                | Cleveland  | Ward                |           |
|   | First Name | Middle Name         | Last Name |
| Debtor 2                                | Diane      | Hill                | Ward      |
| (Spouse, if filing)                     | First Name | Middle Name         | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Georgia |           |
| Case number<br>(if known)               |            |                     |           |

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

|   |   |                     |                                |
|---|---|---------------------|--------------------------------|
| Debtor 1                                | Cleveland<br>First Name                 | Middle Name         | Ward<br>Last Name              |
| Debtor 2                                | Diane<br>(Spouse, if filing) First Name | Hill<br>Middle Name | Ward<br>Last Name              |
| United States Bankruptcy Court for the: |   | Northern            | District of Georgia<br>(State) |
| Case number<br>(If known)               |   |                     |                                |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job,  
attach a separate page with  
information about additional  
employers.

Include part time, seasonal,  
or self-employed work.

Occupation may include  
student  
or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not Employed

Debtor 2

Employed  
 Not Employed

Occupation

\_\_\_\_\_

\_\_\_\_\_

Employer's name

\_\_\_\_\_

\_\_\_\_\_

Employer's address

Number Street

Number Street

City State Zip Code

City State Zip Code

How long employed  
there?

\_\_\_\_\_

\_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or  
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \_\_\_\_\_ \$0.00

\_\_\_\_\_ \$0.00

3. Estimate and list monthly overtime pay.

3. \_\_\_\_\_ + \$0.00

\_\_\_\_\_ + \$0.00

4. Calculate gross income. Add line 2 + line 3.

4. \_\_\_\_\_ \$0.00

\_\_\_\_\_ \$0.00

| Debtor 1 Cleveland<br>First Name  | Middle Name | Ward<br>Last Name | Case number (if known)                   |
|---|-------------|-------------------|--|
| Copy line 4 here →  |             |                   | <b>For Debtor 1</b>                      |
|   |             |                   | <b>For Debtor 2 or non-filing spouse</b> |
| 5. List all payroll deductions:   |             |                   |  |
| 5a. Tax, Medicare, and Social Security deductions   |             |                   | 5a. \$0.00 \$0.00                        |
| 5b. Mandatory contributions for retirement plans  |             |                   | 5b. \$0.00 \$0.00                        |
| 5c. Voluntary contributions for retirement plans  |             |                   | 5c. \$0.00 \$0.00                        |
| 5d. Required repayments of retirement fund loans  |             |                   | 5d. \$0.00 \$0.00                        |
| 5e. Insurance   |             |                   | 5e. \$0.00 \$0.00                        |
| 5f. Domestic support obligations  |             |                   | 5f. \$0.00 \$0.00                        |
| 5g. Union dues  |             |                   | 5g. \$0.00 \$0.00                        |
| 5h. Other deductions. Specify: _____  |             |                   | 5h. + \$0.00 + \$0.00                    |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   |             |                   | 6. \$0.00 \$0.00                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  |             |                   | 7. \$0.00 \$0.00                         |
| 8. List all other income regularly received:  |             |                   |  |
| 8a. Net income from rental property and from operating a business, profession, or farm  |             |                   | 8a. \$0.00 \$0.00                        |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   |             |                   |  |
| 8b. Interest and dividends  |             |                   | 8b. \$0.00 \$0.00                        |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive   |             |                   | 8c. \$0.00 \$0.00                        |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |             |                   |  |
| 8d. Unemployment compensation   |             |                   | 8d. \$0.00 \$0.00                        |
| 8e. Social Security   |             |                   | 8e. \$845.00 \$1,355.00                  |
| 8f. Other government assistance that you regularly receive  |             |                   | 8f. \$0.00 \$16.00                       |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies   |             |                   |  |
| Specify: Food Assistance Programs Income  |             |                   |  |
| 8g. Pension or retirement income  |             |                   | 8g. \$0.00 \$0.00                        |
| 8h. Other monthly income. Specify: _____  |             |                   | 8h. + \$0.00 + \$0.00                    |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  |             |                   | 9. \$845.00 \$1,371.00                   |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse   |             |                   | 10. \$845.00 + \$1,371.00 = \$2,216.00   |
| 11. State all other regular contributions to the expenses that you list in Schedule J.  |             |                   | 11. + \$0.00                             |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  |             |                   |  |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.   |             |                   |  |
| Specify:  |             |                   |  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.<br>Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies |             |                   | 12. \$2,216.00                           |
| 13. Do you expect an increase or decrease within the year after you file this form?   |             |                   | Combined monthly income                  |
| <input checked="" type="checkbox"/> No.   |             |                   |  |
| <input type="checkbox"/> Yes. Explain: _____  |             |                   |  |

Fill in this information to identify your case:

|   |            |                                |
|---|------------|--------------------------------|
| Debtor 1                                | Cleveland  | Ward                           |
|   | First Name | Middle Name                    |
| Debtor 2                                | Diane      | Ward                           |
| (Spouse, if filing)                     | First Name | Middle Name                    |
| United States Bankruptcy Court for the: | Northern   | District of Georgia<br>(State) |
| Case number<br>(if known)               |            |                                |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?  No

|                                    |  |  |                 |                               |
|------------------------------------|--|--|-----------------|-------------------------------|
| Do not list Debtor 1 and Debtor 2. | <input type="checkbox"/> Yes. Fill out this information for each dependent ..... | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|------------------------------------|--|--|-----------------|-------------------------------|

3. Do your expenses include expenses of people other than yourself and your dependents?  No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

Your expenses

\$1,100.00

If not included in line 4:

|   |     |        |
|---|-----|--------|
| 4a. Real estate taxes                             | 4a  | \$0.00 |
| 4b. Property, homeowner's, or renter's insurance  | 4b. | \$0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. | \$0.00 |
| 4d. Homeowner's association or condominium dues   | 4d. | \$0.00 |

| Debtor 1   | Cleveland   | Ward      | Case number (if known) |
|--|-------------|-----------|------------------------|
| First Name   | Middle Name | Last Name |                        |
| Your expenses  |             |           |                        |
| <b>5. Additional mortgage payments for your residence</b> , such as home equity loans  | 5.          | \$0.00    |                        |
| <b>6. Utilities:</b>   |             |           |                        |
| 6a. Electricity, heat, natural gas   | 6a.         | \$200.00  |                        |
| 6b. Water, sewer, garbage collection   | 6b.         | \$40.00   |                        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.         | \$90.00   |                        |
| 6d. Other. Specify: _____  | 6d          | \$0.00    |                        |
| <b>7. Food and housekeeping supplies</b>   |             |           |                        |
| 7.   | \$276.00    |           |                        |
| <b>8. Childcare and children's education costs</b>   |             |           |                        |
| 8.   | \$0.00      |           |                        |
| <b>9. Clothing, laundry, and dry cleaning</b>  |             |           |                        |
| 9.   | \$30.00     |           |                        |
| <b>10. Personal care products and services</b>   |             |           |                        |
| 10.  | \$30.00     |           |                        |
| <b>11. Medical and dental expenses</b>   |             |           |                        |
| 11.  | \$25.00     |           |                        |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments   |             |           |                        |
| 12.  | \$75.00     |           |                        |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>  |             |           |                        |
| 13.  | \$0.00      |           |                        |
| <b>14. Charitable contributions and religious donations</b>  |             |           |                        |
| 14.  | \$0.00      |           |                        |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |             |           |                        |
| 15a. Life insurance  | 15a         | \$52.28   |                        |
| 15b. Health insurance  | 15b         | \$0.00    |                        |
| 15c. Vehicle insurance   | 15c         | \$80.00   |                        |
| 15d. Other insurance. Specify: _____   | 15d         | \$0.00    |                        |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  |             |           |                        |
| 16.  | \$0.00      |           |                        |
| <b>17. Installment or lease payments:</b>  |             |           |                        |
| 17a. Car payments for Vehicle 1  | 17a         | \$217.00  |                        |
| 17b. Car payments for Vehicle 2  | 17b         | \$0.00    |                        |
| 17c. Other. Specify: _____   | 17c         | \$0.00    |                        |
| 17d. Other. Specify: _____   | 17d         | \$0.00    |                        |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from<br/>your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> |             |           |                        |
| 18.  | \$0.00      |           |                        |
| <b>19. Other payments you make to support others who do not live with you.</b><br>Specify: _____   |             |           |                        |
| 19.  | \$0.00      |           |                        |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |             |           |                        |
| 20a. Mortgages on other property   | 20a         | \$0.00    |                        |
| 20b. Real estate taxes.  | 20b         | \$0.00    |                        |
| 20c. Property, homeowner's, or renter's insurance  | 20c         | \$0.00    |                        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d         | \$0.00    |                        |
| 20e. Homeowner's association or condominium dues   | 20e         | \$0.00    |                        |

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

21. Other. Specify: \_\_\_\_\_ 21 \_\_\_\_\_ \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.  
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
22c. Add line 22a and 22b. The result is your monthly expenses.

22. \_\_\_\_\_ \$2,215.28  
\_\_\_\_\_ \$0.00  
\_\_\_\_\_ \$2,215.28

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.  
23b. Copy your monthly expenses from line 22 above.  
23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income.

23a \_\_\_\_\_ \$2,216.00  
23b \_\_\_\_\_ \$2,215.28  
23c \_\_\_\_\_ \$0.72

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No

Yes

Explain here:

Fill in this information to identify your case:

|  |   |                                |                   |
|--|---|--------------------------------|-------------------|
| Debtor 1   | Cleveland<br>First Name                 | Ward<br>Middle Name            | Last Name         |
| Debtor 2   | Diane<br>(Spouse, if filing) First Name | Hill<br>Middle Name            | Ward<br>Last Name |
| United States Bankruptcy Court for the: Northern |   | District of Georgia<br>(State) |                   |
| Case number<br>(if known)                        |   |                                |                   |

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.  
Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C?                      |
|--|---|--|
| Creditor's name: Titlemax - Decatur<br><br>Description of property securing debt: Mercury Mountainer   Value: \$2,500.00 | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input checked="" type="checkbox"/> Retain the property and [explain]: <u>Retain and pay</u> | <input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. |
| Creditor's name: Helen LLC<br><br>Description of property securing debt: Secured by All real and personal property       | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input checked="" type="checkbox"/> Retain the property and [explain]: <u>MTAL</u>           | <input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. |
| Creditor's name:<br><br>Description of property securing debt:   | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: <u></u>                          | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes.            |
| Creditor's name:<br><br>Description of property securing debt:   | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: <u></u>                          | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes.            |

|        |            |             |                        |
|--------|------------|-------------|------------------------|
| Debtor | Cleveland  | Ward        | Case number (if known) |
| 1      | First Name | Middle Name | Last Name              |

**Part 2:**

**List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed?                                  |
|--|---|
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Cleveland Ward

Signature of Debtor 1

Date 11/10/2016  
MM/DD/YYYY

/s/ Diane Ward

Signature of Debtor 1

Date 11/10/2016  
MM/DD/YYYY

B 203 (12/94)

UNITED STATES BANKRUPTCY COURT  
Northern District of Georgia

In re Cleveland Ward ; Diane Hill Ward  
Debtor

Case No. \_\_\_\_\_  
(If known)  
Chapter Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |                   |
|--|-------------------|
| For legal services, I have agreed to accept  | <u>\$1,465.00</u> |
| ( cost include: 1100.00 attorney fee, 335 filing fee, 20 copy fee, 10 postage fee) |                   |
| Prior to the filing of this statement I have received                              | <u>\$200.00</u>   |
| Balance Due  | <u>\$1,265.00</u> |

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of the compensation paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

**The balance due will be provided for by post-dated check or ACH payments pursuant to a post-petition contract.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Motion to Sell Property - \$500.00**

**Application to Employ Professional/Motion to Approve Compromise - \$300.00**

**Motion to Incur Debt/Refinance - \$300.00**

**Motion to Reimpose Stay - \$300.00**

**Motion to Vacate Dismissal/Reopen Case - \$300.00 plus cost**

**Motion to Retain Tax Refund - \$300.00 Amendments to Schedules-\$100.00 plus cost.**

**Stay Violations- \$300/per hour, Adversary Proceeding - \$300/per hour, Hourly Appellate Practice - \$300/per hour**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

---

11/10/2016

Date

/s/ Michael Allain

Signature of Attorney

---

Semrad Law Firm

Name of law firm

Fill in this information to identify your case:

|  |   |                                |                   |
|--|---|--------------------------------|-------------------|
| Debtor 1   | Cleveland<br>First Name                 | Ward<br>Middle Name            | Last Name         |
| Debtor 2   | Diane<br>(Spouse, if filing) First Name | Hill<br>Middle Name            | Ward<br>Last Name |
| United States Bankruptcy Court for the: Northern |   | District of Georgia<br>(State) |                   |
| Case number<br>(If known)                        |   |                                |                   |

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets  
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

|  |            |
|--|------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B .....       | \$0.00     |
| 1b. Copy line 62, Total personal property, from Schedule A/B ..... | \$9,085.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B.....       | \$9,085.00 |

#### Part 2: Summarize Your Liabilities

Your liabilities  
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

|  |            |
|--|------------|
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$3,925.00 |
|--|------------|

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

|   |             |
|---|-------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F .....    | \$0.00      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F ..... | \$31,096.37 |

Your total liabilities

\$35,021.37

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

|   |            |
|---|------------|
| Copy your combined monthly income from line 12 of Schedule I..... | \$2,216.00 |
|---|------------|

5. Schedule J: Your Expenses (Official Form 106J)

|   |            |
|---|------------|
| Copy your monthly expenses from line 22, Column A, of Schedule J..... | \$2,215.28 |
|---|------------|

Debtor 1 Cleveland \_\_\_\_\_ Ward \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes.

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$0.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following:   | Total claim |
|--|-------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$2,931.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | \$32.00     |
| <b>9g. Total.</b> Add lines 9a through 9f.   | \$2,963.00  |

Fill in this information to identify your case:

|   |            |                                |
|---|------------|--------------------------------|
| Debtor 1                                | Cleveland  | Ward                           |
|   | First Name | Middle Name                    |
| Debtor 2                                | Diane      | Ward                           |
| (Spouse, if filing)                     | First Name | Middle Name                    |
| United States Bankruptcy Court for the: | Northern   | District of Georgia<br>(State) |
| Case number<br>(If known)               |            |                                |

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Cleveland Ward

Signature of Debtor 1

Date 11/10/2016  
MM/DD/YYYY

/s/ Diane Ward

Signature of Debtor 2

Date 11/10/2016  
MM/DD/YYYY

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Georgia**

In re: Ward, Cleveland ; Ward, Diane Hill  
Debtor(s)

Case No.\_\_\_\_\_

Chapter. \_\_\_\_\_ Chapter7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 11/10/2016

/s/ Ward, Cleveland  
Ward, Cleveland  
*Signature of Debtor*

/s/ Ward, Diane Hill  
Ward, Diane Hill  
*Signature of Joint Debtor*

NATIONAL CREDIT SYSTEM  
3750 NATURALLY FRESH BLV  
Atlanta , GA 30349

Fed Loan Serv  
Pob 69184  
Harrisburg , PA 17106

AFNI, INC.  
PO Box 3517  
Bloomington , IL 61702

COMENITY CAPITAL/HSN  
995 W 122ND AVE  
WESTMINSTER , CO 80234

CCB/HSN  
PO BOX 182120  
COLUMBUS , OH 43218

PIONEER CRDT  
580 Atlanta Rd # 214  
Cumming , GA 30040

DIVERSIFIED  
Po Box 1391  
Southgate , MI 48195

CAPITAL ONE  
Po Box 85015  
Richmond , VA 23285

CAPITAL ONE BANK USA NA  
PO BOX 85520  
RICHMOND , VA 23285

CREDIT ONE BANK NA  
PO BOX 98875  
LAS VEGAS , NV 89193

CREDITONEBNK  
PO BOX 98872  
LAS VEGAS , NV 89193

WELLS FARGO BANK  
Po Box 24605  
West Palm Bch , FL 33416

ENHANCED RECOVERY CORPORATION  
8014 BAYBERRY RD  
JACKSONVILLE , FL 32256

CARTER-YOUNG INC  
PO BOX 82269  
CONYERS , GA 30013

DSRM NT BK  
POB 631 112 W 8TH  
AMARILLO , TX 79173

Central Financial Control  
PO BOX 66051  
ANAHEIM , CA 92816

OPTIMUM OUTCOMES INC  
2651 WARRENVILLE RD STE  
DOWNERS GROVE , IL 60515

FIRST PREMIER BANK  
PO Box 7999  
c/o Stephen Dirksen  
Saint Cloud , MN 56302

Santander Consumer USA  
ATT POC: Janiscia Jackson PO Box 961245  
Fort Worth , TX 76161

ASSOCIATED CREDIT UNIO  
1470 Beaver Ruin Rd  
Norcross , GA 30093

TAG Financial Services Inc  
1000 Cobb PI Blvd NW  
Kennesaw , GA 30144

US DEP ED  
PO BOX 5609  
GREENVILLE , TX 75403

DEPT OF ED/582/NELNET  
PO BOX 173904  
DENVER , CO 80217

ACCEPTANCE NOW  
5501 Headquarters Dr  
ATTN: Acceptance Now Customer Service  
Plano , TX 75024

PORTFOLIO RC  
120 Corporate Boulevard  
Norfolk , VA 23502

WEBBANK/FINGERHUT  
6250 RIDGEWOOD RD  
SAINT CLOUD , MN 56303

Web Bank/Finger Hut  
6250 RIDGEWOOD ROA  
SAINT CLOUD , MN 56303

Titlemax - Decatur  
2375 Wesley Chapel Rd  
Decatur , GA 30035

LCA Collections  
PO Box 2240  
Laboratory Corporation of America  
Burlington , NC 27216

Advanced Home Care  
Po Box 13150  
Overland Park , KS 66282

Apria Healthcare  
PO Box 536841  
Atlanta , GA 30353

American Medical Collection Agency  
4 Westchester Plaza # Suite 110  
Elmsford , NY 10523

Dish Network  
9601 S Meridian Blvd  
Englewood , CO 80112

Comcast  
11621 E. Marginal Way # 5  
Bankruptcy Dept  
Seattle , WA 98168

Stream Energy  
PO Box 105522  
Atlanta , GA 30348

RMS  
77 Hartland Street # 401  
East Hartford , CT 06128

ERC  
PO Box 23870  
Jacksonville , FL 32241

Credit Collection Services  
725 Canton Street  
Norwood , MA 02062

ATT Mobility  
5910 W. Plano Pkwy Ste 10  
Plano , TX 75093

Sterling Finance Company  
Po Box 77467  
C/O McCullough Payne Haan & Nadler, LLC  
Atlanta , GA 30357

Dixie Finance Company, Inc DBA Sterling Finance Company  
41 Marietta St  
Atlanta , GA 30303

McCullough Payne Haan & Nadler, LLC  
Po Box 77467  
C/O Gregson T. Haan  
Atlanta , GA 30357

Helen LLC  
7173 Covington Hwy Ste D  
Lithonia , GA 30058

Erica Leong  
1485 Columbia Dr  
Decatur , GA 30032

3brothers Lawn Care  
6215 Rockbridge Rd  
Stone Mtn , GA 30087

Comenity - HSN  
PO Box 659707  
San Antonio , TX 78265

Wells Fargo Card Services  
P O Box 5284  
Carol Stream , IL 60197

Internal Revenue Service  
PO Box 7346  
Philadelphia , PA 19101

Special Assistant U.S. Attorney  
401 W. Peachtree Street, NW, STOP 1000-D, Suite 600  
Atlanta , GA 30308

Internal Revenue Service - Atl  
401 W PEACHTREE ST, NW, RM 1665  
c/o MARIA HARRIS  
Atlanta , GA 30308

Department of Justice, Tax Division  
75 Spring Street SW  
Civil Trial Section, Southern  
Atlanta , GA 30303

Office of the United States Trustee-ATL  
75 Ted Turner Dr SW  
362 Richard B. Russell  
Atlanta , GA 30303

Georgia Department of Revenue  
1800 Century Boulevard  
c/o T Truong  
Atlanta , GA 30345

Vista Gardens  
4590 Washington Rd  
Atlanta , GA 30349

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

- You are an individual filing for bankruptcy,  
and
- Your debts are primarily consumer debts.

*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

## Chapter 7: Liquidation

|       |                        |
|-------|------------------------|
| \$245 | filing fee             |
| \$75  | administrative fee     |
| +     | \$15 trustee surcharge |
|       | \$335 total fee        |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

---

|         |                    |
|---------|--------------------|
| \$1,167 | filing fee         |
| + \$550 | administrative fee |
| <hr/>   |                    |
| \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|              |                    |
|--------------|--------------------|
| \$200        | filing fee         |
| +       \$75 | administrative fee |
|              | <hr/>              |
| \$275        | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

|              |                    |
|--------------|--------------------|
| \$235        | filing fee         |
| +       \$75 | administrative fee |
|              | <hr/>              |
| \$310        | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing - in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://www.justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit20AndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:

|  |   |                                |                   |
|--|---|--------------------------------|-------------------|
| Debtor 1   | Cleveland<br>First Name                 | Ward<br>Middle Name            | Last Name         |
| Debtor 2   | Diane<br>(Spouse, if filing) First Name | Hill<br>Middle Name            | Ward<br>Last Name |
| United States Bankruptcy Court for the: Northern |   | District of Georgia<br>(State) |                   |
| Case number<br>(If known)                        |   |                                |                   |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing<br>spouse |
|--|----------------------|---|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions<br>(before all payroll deductions).  | \$0.00               |   |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | \$0.00               |   |
| 4. All amounts from any source which are regularly paid for household expenses<br>of you or your dependents, including child support. Include regular contributions<br>from an unmarried partner, members of your household, your dependents, parents,<br>and roommates. Include regular contributions from a spouse only if Column B is not<br>filled in. Do not include payments you listed on line 3. | \$0.00               |   |
| 5. Net income from operating a business, profession,<br>or farm  | Debtor 1    Debtor 2 |   |
| Gross receipts (before all deductions)   | \$0.00               |   |
| Ordinary and necessary operating expenses  | -\$0.00              | -   |
| Net monthly income from a business, profession, or farm  | \$0.00               | copy here → \$0.00                              |
| 6. Net income from rental and other real property  | Debtor 1    Debtor 2 |   |
| Gross receipts (before all deductions)   | \$0.00               |   |
| Ordinary and necessary operating expenses  | -\$0.00              | -   |
| Net monthly income from rental or other real property  | \$0.00               | copy here → \$0.00                              |
| 7. Interest, dividends, and royalties  | \$0.00               |   |

| Debtor 1   | Cleveland   | Ward                    | Case number (if known)                                |
|--|-------------|-------------------------|---|
| First Name   | Middle Name | Last Name               |   |
|  |             |                         | <b>Column A<br/>Debtor 1</b>                          |
|  |             |                         | <b>Column B<br/>Debtor 2 or<br/>non-filing spouse</b> |
| <b>8. Unemployment compensation</b>  |             |                         |   |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:<br>↓   |             |                         |   |
| For you .....  | \$845.00    | \$0.00                  |   |
| For your spouse .....  | \$1,355.00  |                         |   |
| <b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. \$0.00  |             |                         |   |
| <b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. |             |                         |   |
| _____  |             |                         |   |
| Total amounts from separate pages, if any.   |             |                         |   |
| <b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   |             |                         |   |
|  | +\$0.00     | + _____                 | = <b>\$0.00</b>                                       |
|  | \$0.00      | _____                   | Total current monthly income                          |
| <b>Part 2: Determine Whether the Means Test Applies to You</b>   |             |                         |   |
| <b>12. Calculate your current monthly income for the year.</b> Follow these steps:   |             |                         |   |
| 12a. Copy your total current monthly income from line 11.  | .....       | Copy line 11 here →     | \$0.00  |
| Multiply by 12 (the number of months in a year).   |             |                         |   |
| 12b. The result is your annual income for this part of the form.   | .....       | 12b.                    | \$0.00  |
| <b>13 Calculate the median family income that applies to you.</b> Follow these steps:  |             |                         |   |
| Fill in the state in which you live.   | Georgia     |                         |   |
| Fill in the number of people in your household.  | 2           |                         |   |
| Fill in the median family income for your state and size of household.   | .....       | 13.                     | \$55,600.00   |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.   |             |                         |   |
| <b>14. How do the lines compare?</b>   |             |                         |   |
| 14a. <input checked="" type="checkbox"/> Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.<br>Go to Part 3.  |             |                         |   |
| 14b. <input type="checkbox"/> Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.<br>Go to Part 3 and fill out Form 122A-2.   |             |                         |   |
| <b>Part 3: Sign Below</b>  |             |                         |   |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   |             |                         |   |
| <b>X /s/ Cleveland Ward</b>  |             | <b>X /s/ Diane Ward</b> |   |
| Signature of Debtor 1  |             | Signature of Debtor 2   |   |
| Date <u>11/10/2016</u>   | MM/DD/YYYY  | Date <u>11/10/2016</u>  | MM/DD/YYYY  |
| If you checked line 14a, do NOT fill out or file Form 122A-2.<br>If you checked line 14b, fill out Form 122A-2 and file it with this form.   |             |                         |   |